

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

321

| | | | | |
|--|--|---|---|--|
| PLACE OF FETAL DEATH AND RESIDENCE OF MOTHER 0315 | 1. PLACE OF FETAL DEATH A. COUNTY Maricopa | | REGISTRAR'S NO. 109 | |
| | B. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | 2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Arizona B. COUNTY Maricopa | |
| | C. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Joseph Hospital | | C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS | |
| THIS CHILD 955 | 3. CHILD'S NAME (TYPE OR PRINT) Baby Boy | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 4015 E. Lewis | |
| | A. (FIRST) Lee | | B. (MIDDLE) Lee | |
| | C. (LAST) Lee | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 4015 E. Lewis | |
| FATHER OF CHILD 37 | 4. SEX M | 5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | 5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6A. DATE OF FETAL DELIVERY 9-29-55 |
| | 7. FATHER'S NAME A. (FIRST) Rodney | | B. (MIDDLE) E. | C. (LAST) Lee |
| | 10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) 4015 E. Lewis | | 11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona | 12A. USUAL OCCUPATION Plasterer |
| MOTHER OF CHILD 33 | 13. MOTHER'S MAIDEN NAME A. (FIRST) Beatrice | | B. (MIDDLE) Rexine | C. (LAST) Dowdell |
| | 16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California | | 17A. USUAL OCCUPATION Housewife | 17B. KIND OF BUSINESS OR INDUSTRY Home |
| | 14. COLOR OR RACE White | | 15. AGE (AT TIME OF THIS BIRTH) 33 | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? 7 |
| INFORMANT 70 | 19. INFORMANT'S SIGNATURE Rodney E. Lee 4015 E. Lewis | | B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0 | |
| | 20A. LENGTH OF PREGNANCY 32 WEEKS | | 20B. WEIGHT AT BIRTH LBS. 028. | |
| | 21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. Premature separation of placenta | | 21B. STATE ANY OPERATION FOR DELIVERY | |
| MEDICAL FORMATION 32 | 22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE 4/5/53 NO <input type="checkbox"/> | | 23. WHEN DID FETAL DEATH OCCUR? A. BEFORE LABOR <input checked="" type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN <input type="checkbox"/> | |
| | I. DIRECT CAUSE OF FETAL DEATH..... (A) UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) | | (B) ASphyxia | |
| | II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH) | | (C) Separation of placenta | |
| PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 362 | 24A. ATTENDANT'S SIGNATURE R. Dowdell | | 25B. DATE SIGNED | |
| | 24B. ATTENDANT'S ADDRESS 11306 N. Dowdell | | 25C. SIGNATURE OF CORONER OR MEDICAL EXAMINER L. M. Mortensen | |
| | 24C. DATE REC'D BY LOCAL REGISTRAR 10/3/55 | | 24D. REGISTRAR'S SIGNATURE Beverly Johnson | |
| ATIFICATION 5 | 27A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 27B. DATE 10/8/55 | |
| | 27C. NAME OF CEMETERY OR CREMATORY Memory Lawn Mem. Park | | 27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Phoenix, Arizona | |
| | 28A. DATE REC'D BY LOCAL REGISTRAR 10/3/55 | | 28B. REGISTRAR'S SIGNATURE Beverly Johnson | |
| FUNERAL DIRECTOR AND REGISTRAR 2 | 29. FUNERAL DIRECTOR L. M. Mortensen | | Address Phoenix, Arizona | |